

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|   |   |  |  |                                       |   |
|---|---|--|--|---------------------------------------|---|
| <b>NAME OF FILER</b><br>Los Angeles County Democratic Party - State Candidate Committee |   |  | <b>Date of This Filing</b> <u>10/30/2012</u> | Date Stamp<br><br><br><br>Page 1 of 2 | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(213)452-6565  | <b>I.D. NUMBER</b> (if applicable)<br>1237135 | <b>Report No.</b> <u>001</u>   |  |                                       |   |
| <b>STREET ADDRESS</b>   |   | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |  |                                       |   |
| <b>CITY</b><br>Los Angeles  | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>90017   | <b>No. of Pages</b> <u>2</u>                 |                                       |   |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|--|---|-----------------|
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |

### \*Contributor Codes

|   |                                   |
|---|-----------------------------------|
| IND - Individual                                  | PTY - Political Party             |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other                                       |                                   |

Reason for Amendment:

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| <b>STREET ADDRESS</b>   |   |                          |   |                                       |   |
| <b>CITY</b><br>Los Angeles  | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>90017 |   |                                       |   |

## Late Contribution(s) Made

| DATE MADE  | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|------------|--|--|------------------------|-------------------------------------|
| 10/29/2012 | Sharon Quirk-Silva for Assembly 2012<br>Fullerton, CA 92831<br><br>ID# 1345706                 | Sharon Quirk-Silva<br>State Assembly District 65       | \$30,000.00            | 11/06/2012                          |
| 10/29/2012 | Sharon Quirk-Silva for Assembly 2012<br>Fullerton, CA 92831                                    | Sharon Quirk-Silva<br>State Assembly District 65       | \$10,500.00            | 11/06/2012                          |
|            |  |  |                        |                                     |
|            |  |  |                        |                                     |

Reason for Amendment: